

# PART B - FEE(S) TRANSMITTAL

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7590

01/14/2003

John Christopher, Esq.  
**CHRISTOPHER, WEISBERG & CRUSH, P.A.**  
 Suite 2040  
 200 East Las Olas Boulevard  
 Fort Lauderdale, FL 33301



**Note:** A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**Roberta Sherman** (Depositor's name)  
 (Signature)  
**April 10, 2003** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09945,319	08/31/2001	Miriam Lane	21819.00169	2718

**TITLE OF INVENTION:** ENDOVASCULAR CRYOTREATMENT CATHETER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	04/14/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
RUDDY, DAVID M	3739	606-021000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Christopher & Weisberg, P.A.**

2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**CryoCath Technologies Inc.**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**16771 Chemin Ste-Marie**

**Kirkland, Quebec Canada H9H 5H3**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

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(Authorized Signature)

(Date) **04/10/2003**

**04/23/2003 EAREBAY2 00000061 09945319**

**01 FC:2501**  
**02 FC:1304**

**650.00 DP**  
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